

Individualized Education Program (IEP) Checklist

Student Name: _____ File Number: _____

DOB: ____/____/____ Disability Category: _____ Child Count # _____

Current Placement/School: _____

Supervisory Union: _____

Does the student have a current IEP that provides for special education services? Yes No

Does the Disability Category listed on the IEP match that of Child Count? Yes No

Is there a multi-year plan signed by the superintendent or designee? Yes No N/A

IEP Page 1 General Information

Does the IEP document all the required participants of the Team?

- | | |
|--|---|
| <input type="checkbox"/> Parent or Guardian | <input type="checkbox"/> Student (if appropriate) |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Local Agency Representative (LEA) |
| <input type="checkbox"/> Individual to interpret instructional implications of evaluations | <input type="checkbox"/> Regular Education Teacher |
| <input type="checkbox"/> Others invited by the LEA or parents who have knowledge or expertise of the child/student | <input type="checkbox"/> Other agency participants for transition |
| | <input type="checkbox"/> Transition Planning Participants |

Does the IEP identify the meeting date?

Yes ☐ No ☐

List the date:

____/____/____

Does the IEP appropriately identify the initiation and duration of services date for the school year?

Initiation and Duration of School Year Services (list the dates):

____/____/____ to ____/____/____
M D Y M D Y

____/____/____ to ____/____/____
M D Y M D Y

Yes ☐ No ☐

Does the IEP appropriately identify the initiation and duration dates for extended year services?

Extended Year Service Dates (list the dates):

____/____/____ to ____/____/____
M D Y M D Y

Yes ☐ No ☐

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IEP Page 1 General Information - continued

Do the IEPs provide evidence that the team met to review the IEP annually? Yes ☐ No ☐

List the Meeting Dates for past three years: ____/____/____ ____/____/____ ____/____/____

Were these IEPs written for no more than a 12 month period? Yes ☐ No ☐

List Initiation and Duration dates for the past three IEPs:

____/____/____ to ____/____/____ ____/____/____ to ____/____/____
 ____/____/____ to ____/____/____

IEP Page 2 Present Levels of Educational Performance and Transition (starting at Age 14)

Did the statement identify the present levels of educational performance and include how the child/student's disability affects his/her involvement, as well as progression, in the general education curriculum?

Yes ☐ No ☐

Is there a direct relationship between the present levels of educational performance and other components of the IEP, such as services to be provided to the child/student or the goals and objectives?

☐ ☐

Is there evidence a transition plan was developed upon student needs and preferences, even when the student was not in attendance at the IEP meeting?

☐ ☐ N/A ☐

Does the IEP of a 14 year-old student include a statement pertaining to the transition needs of the student that focuses on the student's course of study?

☐ ☐ ☐

Does the IEP of a 16 year-old student (or younger, if appropriate) include a statement of the needed transition services and the services to produce real outcomes around:

Community Employment
 Independent Living
 Community Participation
 Post Secondary Education/Training

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a statement of the interagency responsibilities and/or linkages necessary for transition to occur?

☐ ☐ ☐

IEP Page 3 Goals, Objectives, and Progress Reporting to Parents

Is there a statement of the "measurable annual goal(s)" that directly relates to the child/student's educational needs(s) and includes how the child/student will be involved, and progress, in the general curriculum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a statement as to how the child/student's progress towards the annual goal will be measured (i.e. criteria levels that are truly measurable)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there a series of short-term objectives or benchmarks that link to the annual goal for the child/student?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the evaluation procedures documented (i.e. classroom observations, with supporting rubrics/graphs, charts, teacher made tests, grades, checklists that utilize an accountability for rater reliability) in the IEP?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence that parents are given periodic reports that reflect the progress the child/student is making towards achieving their annual goals?	<input type="checkbox"/>	<input type="checkbox"/>	
Were each of the child/student's educational needs that resulted from the evaluated disability addressed in the IEP goals and objectives?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there reintegration goals (R) for students in placements other than general education settings more than 50% of the time?	<input type="checkbox"/>	<input type="checkbox"/>	N/A <input type="checkbox"/>

IEP Information Page 4 Student Placement (optional)

Was the placement of the child/student documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IEP Information - Participation in Extracurricular/Non-academic Activities

The student's inability to participate fulltime with non-disabled students in a regular class, in extracurricular or other non-academic activities, was explained	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IEP Information Page 4 Special Education and Related Services

Activity or Service	Frequency	Duration	Location of Service (be specific)	Personnel	Group Size
Learning Lab / Resource Room					
Reading					
Math					
Language Arts					
Writing or Written Lang.					
Speech/Language Therapy					
Counseling					
Physical Therapy					
Occupational Therapy					
Case Management					
Paraeducator Supervision					

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IEP Information Page 5 Accommodations/Modifications

Did the IEP include particular devices or services (including interventions accommodations, or other program modifications) in the regular education classroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was there a statement regarding the need for individual accommodations or an alternate assessment in the administration of national, state or district-wide assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a statement of program modifications for school personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These sections refer to information gathered in a Comprehensive File Review.

Confidentiality

A form for the release of personally identifiable information was documented in the file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was there information in the file that warrants the use of that form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there personally identifiable data about another child or student in this file?	<input type="checkbox"/>	<input type="checkbox"/>	

Notice of Consent for Initial Placement

A. Date of Form	____/____/____
B. District where Form was completed	_____
C. Date of written consent received in district	____/____/____
D. Was the consent signed prior to the start of services?	Yes <input type="checkbox"/> No <input type="checkbox"/>

IEP Development

The file had evidence that the initial IEP was developed within 30 days of the eligibility decision.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
____/____/____ Eligibility decision date	____/____/____ Initial IEP date	_____ Number of days between	